

Name
in
Full

Sarah Barnes

CERTIFICATE OF DEATH

Town

County

Died at *near Mechanicsville**St. Mary's*

MARYLAND

Date

of death *1906*

Month

Mar.

Day

11

Years

Age

Months

Days

Six

Sex

*Female*Color or
Race*Colored*Birth-
place*St. Mary's Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Baby*Name of Wife or
HusbandFather's
Name*Gustavus E. Cooper*Father's
Birthplace*Maryland
Gustavus Cooper*Mother's
Maiden Name*Georgianna Barnes*Mother's
Birthplace*Maryland*Name of person giving
In formation*Gustavus E. Cooper*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Whooping Cough

How long

4 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Zach R. Morgan**Mechanicsville Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. R. Dean

Died at: *Rockville* Town*St Marys* County

MARYLAND

Date of death *1904* Month *March*Day *2*Age *70* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*St Marys Co*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Mrs A Dean*Father's
Name*do not know*Father's
Birthplace*St Marys Co*Mother's
Maiden Name*do not know*Mother's
Birthplace*St Marys Co*Name of person giving
In formation*St Marys Enterprise*How related
to deceased

CAUSES OF DEATH

Primary

Incomotio Alaxia

How long

10 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos L. Quire*

Address

Rockville

Accident or Suicide?

yes



Name
in
Full

Jno Henry Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Oakville

Town

Harris

County

Date of death 1906

Month

March

Day

8

Age 60

Years

Months

Days

Sex Male

Color or
Race

White

Birthplace Maryland

Occupation Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband

Ellie Dean

Father's
Name

do not know

Father's
Birthplace

Maryland

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

J. H. King M.D.

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. L. L. L.

Address

Brownsboro

Accident or Suicide?



Name In Full

Certificate of Death

Died at

MARYLAND

Date 19

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of —

Wife —

Father's

Name

Mother's

Maiden Name

Cause of

Primery

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Annie M. Graves


CERTIFICATE OF DEATH

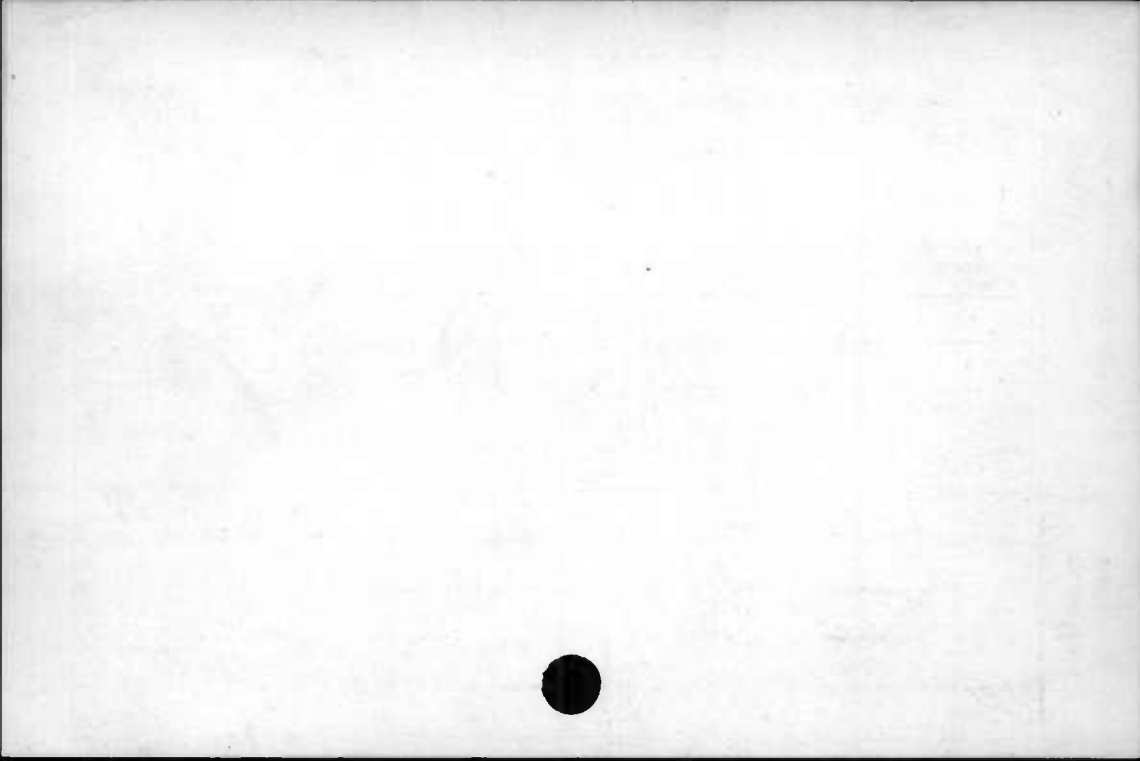
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel Green</i> ^{Town}		<i>St. Marys</i> ^{County}		MARYLAND	
Date of death	1906 <i>March</i> ^{Month}	<i>21</i> ^{Day}	Age <i>40</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clinton Graves</i>				
Father's Name <i>A. M. Plumber</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>-</i>	Mother's Birthplace <i>-</i>				
Name of person giving information <i>Clinton Graves</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i> 	How long <i>3 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. B. Johnson</i>
	Address <i>Maryanna</i>
Accident or Suicide?	



Name in Full		Harriet - Jacobsen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		California		County		
		St. Martin's		MARYLAND				
		Date	Month	Day	Age	Years	Months	Days
		1906	June	27	90			
		Sex	French		Color or Race	Black		Birth-place
		Occupation		Haverkeeper		Where Residing if not at place of death		Ind
		Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		Name				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Old age				177		
		Immediate				How long		
		Dropsy				2 mos		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
for as I know				Address				
Accident or Suicide?				J. O. King				
				Corbett				
				Ind				

LIBRARY BUREAU A00010



Name
in
Full

James Jones

CERTIFICATE OF DEATH

MARYLAND

Died at Leonardtown

Town

St Marys

County

Date
of death 1906Month
3Day
16

Age 48

Years

Months

Days

Sex

Male

Color or
Race

White

Birth
place

St Marys

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Miss Latham

Mother's
Birthplace

St Marys

Name of person giving
information

Edgar Jones

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Valvular Heart Disease

How long

Immediate

Lung Dropsy & Exhaustion

How long

About 3 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

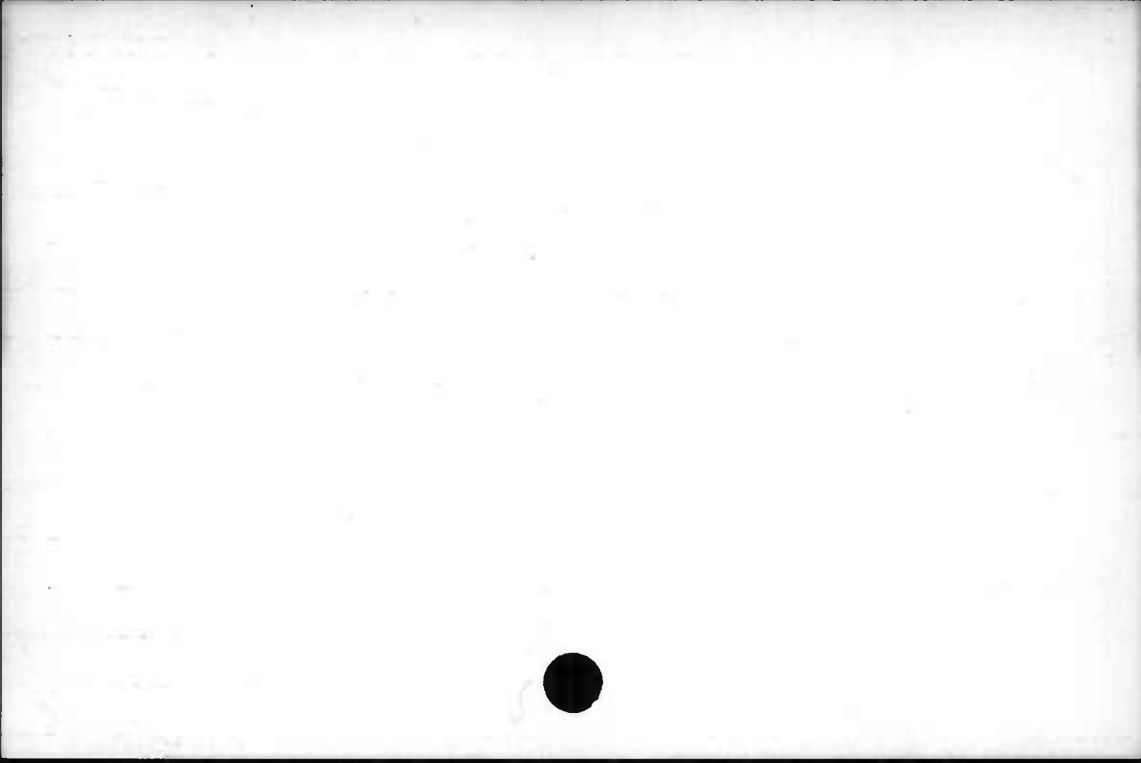
Thos. Lynch

Address

Leonardtown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ann Laura Knott

CERTIFICATE OF DEATH

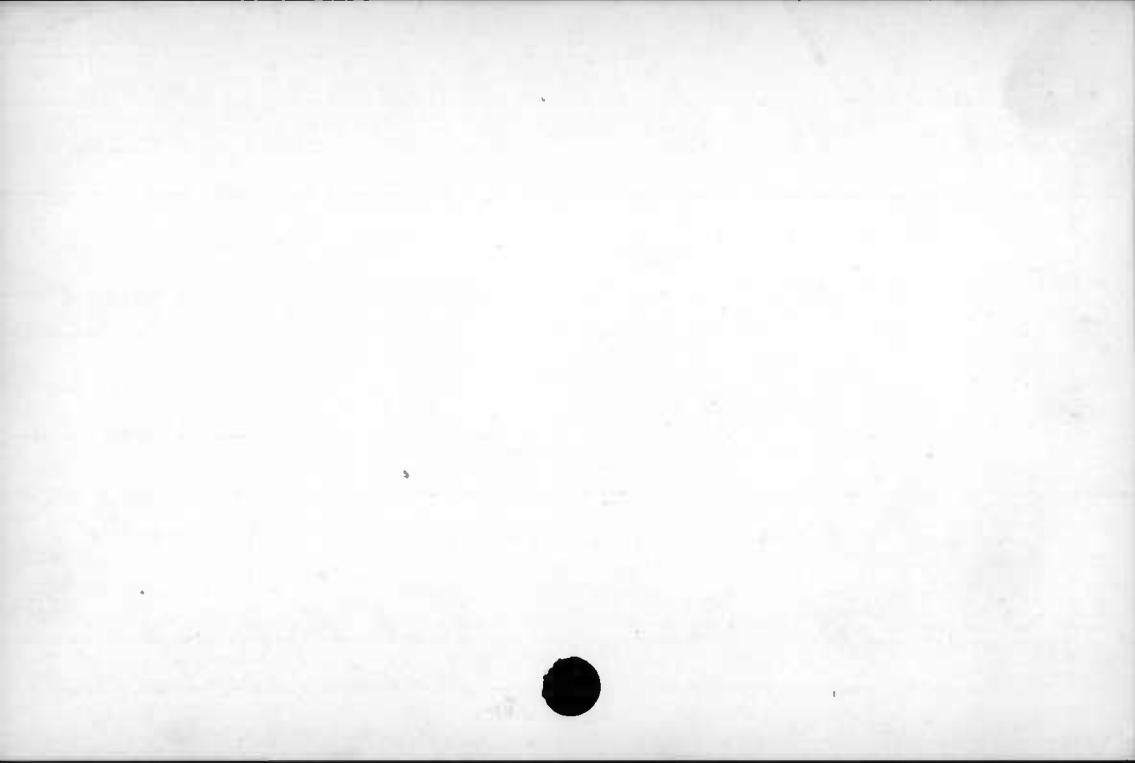
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morganza</i> ^{Town}		<i>St. Marys</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>March</i> ^{Day} <i>31</i>	Age	<i>25</i> ^{Years}	Months	<i>0</i> ^{Days} <i>3</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed	<i>Married</i>	Name of the Husband	<i>Spencer Knott</i>		
Father's Name	<i>Wm. T. Bailey</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Miss Gely</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Spencer Knott</i>		How related to deceased	<i>Husband.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>2 days</i>
Immediate	<i>-</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. B. Johnson</i>
		Address	<i>Morganza</i>
Accident or Suicide?			



Name
in
Full

Sarah Long

CERTIFICATE OF DEATH

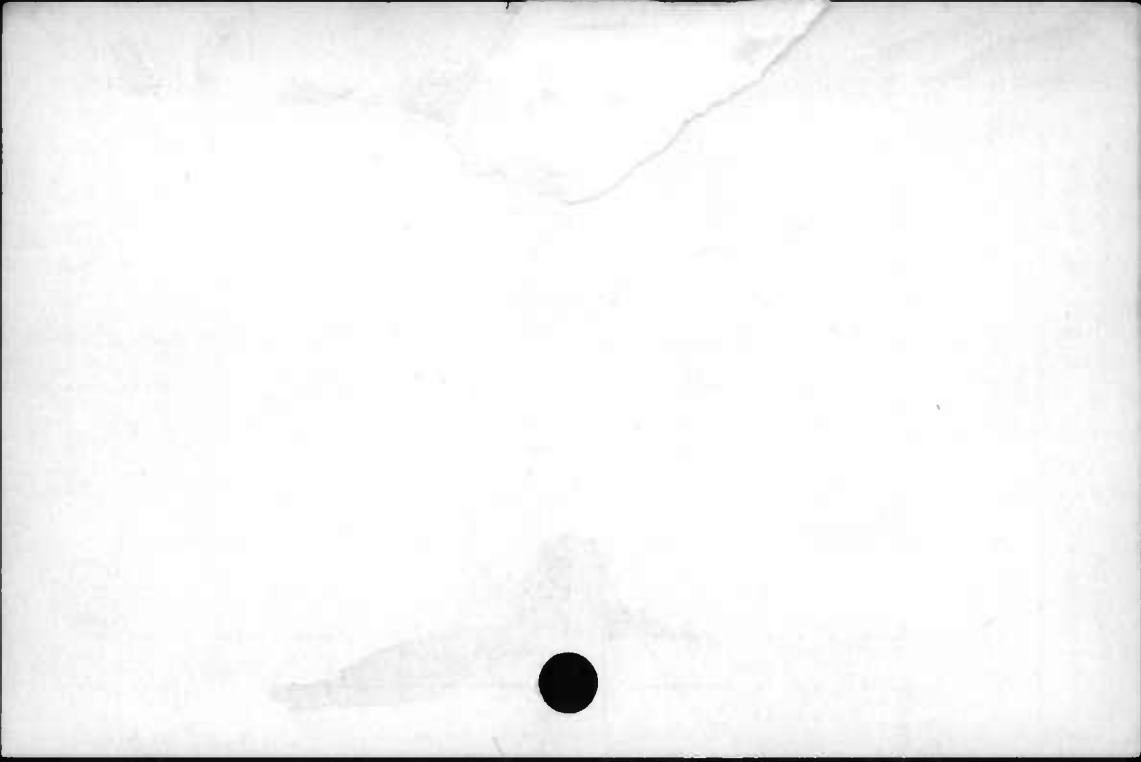
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millicott</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>22</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Va</i>				
Married, Single or Widowed <i>widow</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>William Johnson</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Sarah Hutchinson</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Joseph Albert Long</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 days</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. M. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>und.</i>



Name in Full *Sarah J. Milburn*

CERTIFICATE OF DEATH

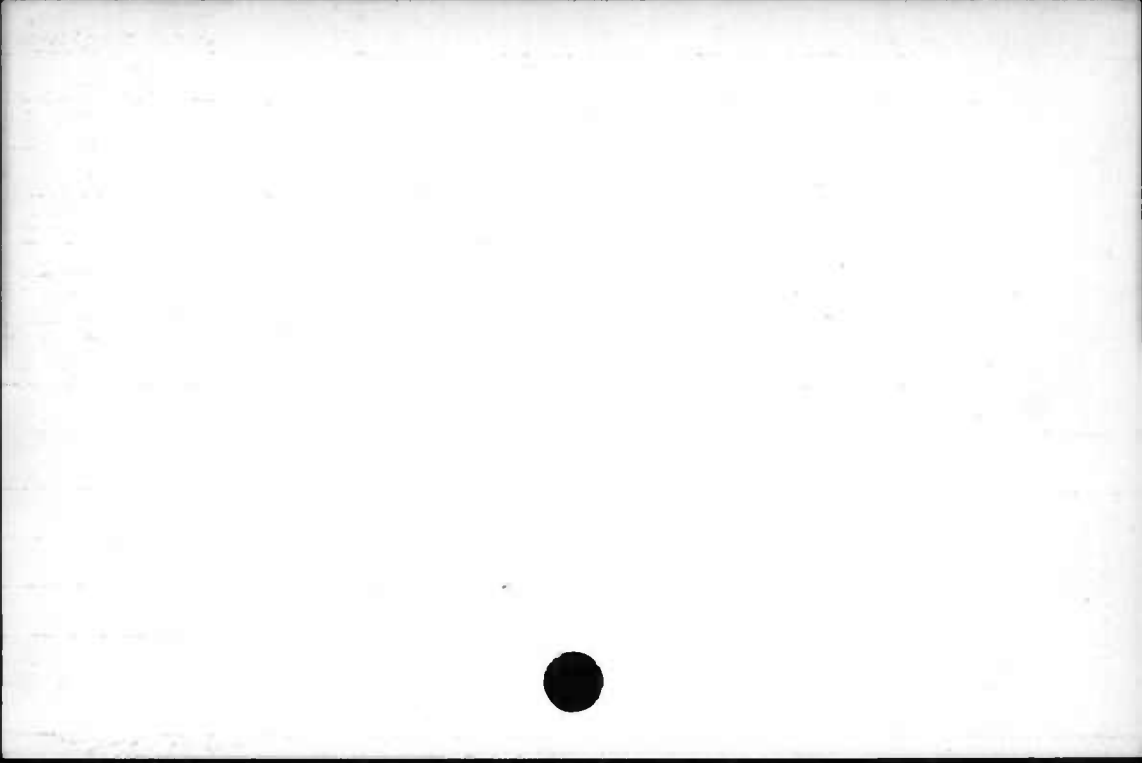
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>California</i> ^{Town}		<i>St Marys</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>March</i> ^{Day} <i>21</i>	Age <i>68</i> ^{Years}		Months		Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St Marys</i>		
Occupation <i>Dress Maker</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Geo. Hammond</i>		Father's Birthplace <i>St Marys</i>		Mother's Birthplace	
Mother's Maiden Name					
Name of person giving information <i>Mrs. Lina Milburn</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastro Enteritis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. Lynch</i>
	Address <i>Lancaster</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

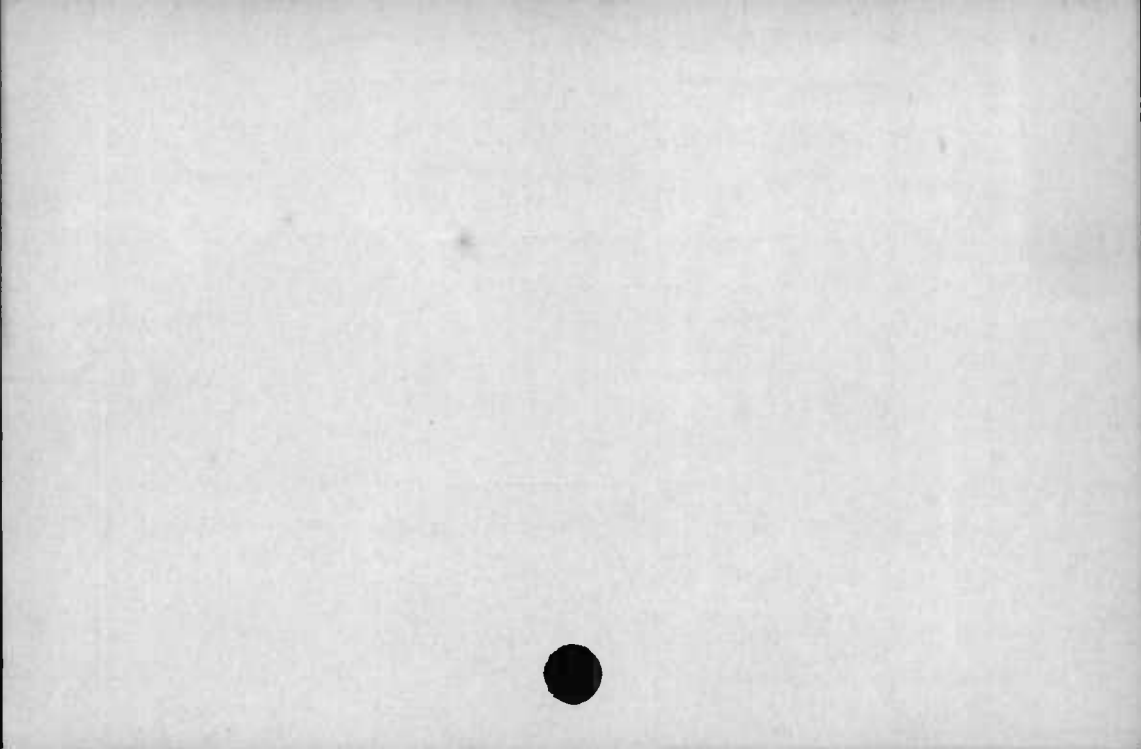
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Hollywood		St Mary's		St Mary's		MARYLAND	
Date of death	1906	Month	March	Day	3rd	Years	36
Sex		Male		Color or Race		Blood	
Birthplace		St Mary's Co.					
Occupation				Where Residing if not at place of death			
Farm Hand							
Married, Single or Widowed		Name or Wife or Husband		Anna Neale			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Friend			
How related to deceased				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neuralgia	How long	3 days
Immediate	Blood Clot on Brain	How long	14 hours.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. V. King	
Address		A. W. K. K. K.	
Accident or Suicide?		Ind.	



Name
in
Full

CERTIFICATE OF DEATH

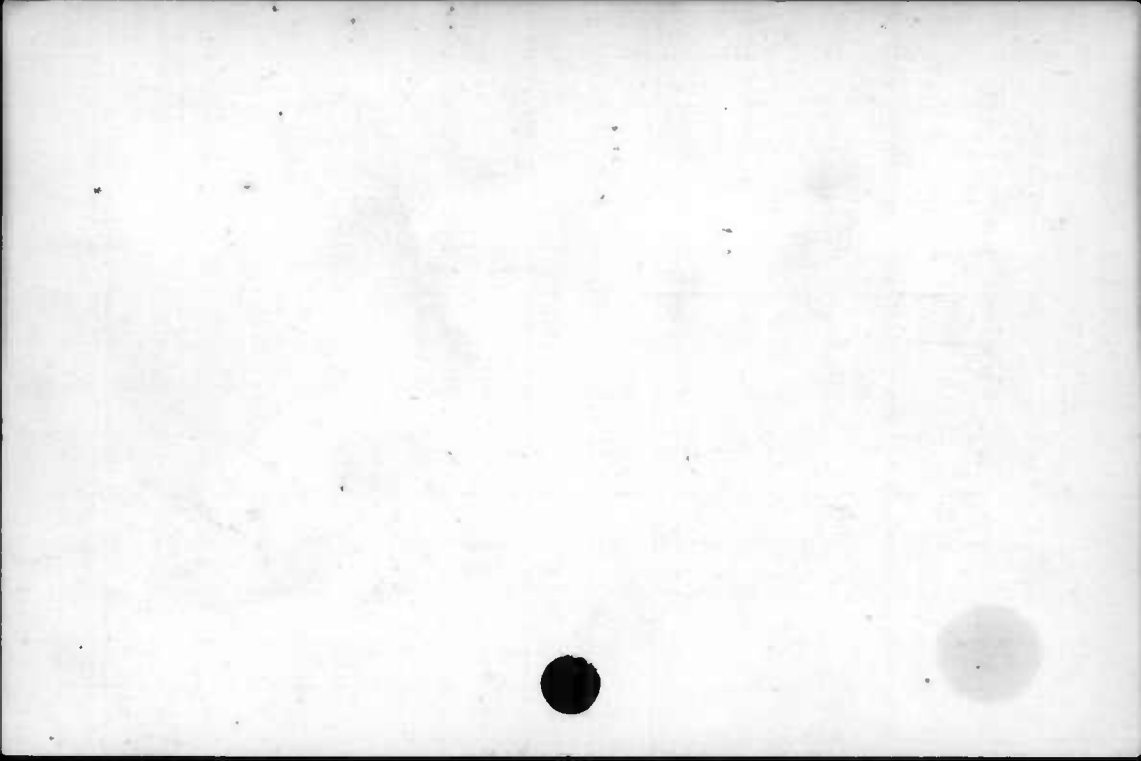
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eliza Ann Marie Nelson</i>		Town <i>Thurman</i>		County <i>St. Mary's</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>10</i>		<i>10</i>	
Month <i>3</i>		Day <i>27</i>		Years		Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>ind</i>			
Occupation <i>—</i>				Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>St. Joseph Nelson</i>				Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Mary Catherine Bruth</i>				Mother's Birthplace <i>ind</i>			
Name of person giving information <i>St. Joseph Nelson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Thyroid cancer</i>	How long	<i>10 yrs</i>
Immediate	<i>Encephalitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Roll V. Palmer</i>	
		Address <i>Palmer</i>	
Accident or Suicide?		<i>No</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jonathan Wesley Swann

Town

County

Died at

Mechanicsville

St. Mary's Co

MARYLAND

Date

of death

1906

Month

Mar.

Day

29

Years

78

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Charles Co.

Occupation

Farmer

Where Residing if not
at place of death

Mechanicsville

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Mary Jane Mattingley

Father's
Name

Swann

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

" "

Name of person giving
In formation

W. A. Hill

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Grippe

How long

8 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Zach R. Morgan

Mechanicsville

Accident or Suicide?

Maryland.

PHYSICIAN
OR CORONER

